

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Tuberculosis Control-Case Management Assistance

GRANT PROGRAM NO. 05-28-TB**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301 (A), Page 43

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide the availability of appropriate incentives and enablers to assist in the case management of TB cases, suspects and their associated contacts to local health jurisdictions statewide to improve performance against stated objectives. To provide scholarships/sponsorship/credentialing for the education and training of physicians, nurses and ancillary staff working with TB patients throughout New Jersey.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$100,000 in funds should be available in the 2005 grant year. Awards will be made for a 12-month budget period beginning January 1, 2005. Funding estimates will vary and are subject to state and federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Non-profit, non-governmental organizations with credibility in the field of tuberculosis education, training, prevention and control.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The willingness and ability to solicit and provide a wide array of incentives and enablers to a diverse patient population throughout New Jersey and to maintain effective accounting and control measures to ensure appropriate utilization in the local health jurisdictions. The demonstrated ability to coordinate credentialed education and training for health professionals throughout New Jersey.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

FOR INFORMATION CONTACT:

Manager, Tuberculosis Program

New Jersey Department of Health and Senior Services

P.O. Box 369

Trenton, NJ 08625-0369

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DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Varies. Information will be included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.